Please print or type.

☐ I want to receive information related to conferences and other services or programs affiliated with the AACR.

Name and Address Information

Check here if you are a member of:  ☐ AACR Membership # ____________  ☐ EORTC  ☐ Nonmember

☒ Dr.  ☑ Mr.  ☑ Ms.

Last/Family Name  

First Name/Middle Initial  

Title/Position  

Department/Division Institution  

Street/Building or Post Office Box  

City/State or Province  

Zip or Postal Code/Country  

Telephone Fax  

Email  

☐ New address. Please change my AACR mailing information.

☐ If you will require special accommodations, please specify: _____________________________

Nonmember Predoctoral Student/Postdoctoral and Clinical Fellow Certification

“I certify that the above named person is presently enrolled at this University and working toward a degree or fellowship in a field related to cancer research.”

☒ Graduate Student  ☐ Medical Student  ☐ Postdoctoral Fellow  ☐ Clinical Fellow  ☐ Resident

Name (Registrar, Dean, or Dept. Head)  

Signature (Registrar, Dean, or Dept. Head)  

Title  

University  

Register Online: www.AACR.org/Targets19

To register at the advanced registration rate, applications must be submitted by September 6, 2019. Membership must be accepted by September 11, 2019.

Registrant Profile (*required)

Highest Degree (check all that apply):  ☐ MD  ☐ PhD  ☐ PharmaD  ☐ DSc  ☐ Other (please specify)  

Major Focus* (please check only one):  ☐ Advocacy  ☐ Basic Science  ☐ Business Development  ☐ Clinical Practice  ☐ Population Science  ☐ Clinical Research  ☐ Research Administration  ☐ Education  ☐ Translational Research

Research Areas of Expertise/Interest* (select all that apply):

☐ Behavioral Science  ☐ Biochemistry and Biophysics  ☐ Bioinformatics and Computational Biology  ☐ Biostatistics in Clinical Trials  ☐ Cancer Disparities Research  ☐ Carcinogenesis  ☐ Cell Biology  ☐ Chemistry  ☐ Clinical Trials/Clinical Research  ☐ Diagnostics, Biomarkers, Imaging, and Early Detection  ☐ Endocrinology  ☐ Other (please specify)  

Work Setting* (please check only one):

☐ Academia/Cancer Center  ☐ Advocacy  ☐ Foundation/Advocacy Organization  ☐ Government  ☐ Hospital/Clinic  ☐ Other (please specify)  

☐ Industry/Private Sector  ☐ Nonprofit Research Institute  ☐ Private Practice  ☐ Professional Organization

Information concerning gender and ethnic background is requested only to enable the AACR to ensure that its programs are serving all members of its diverse cancer research community.

Race or Ethnic Background (check only one):  ☐ African American/Black  ☐ Caucasian  ☐ Alaskan Native  ☐ Hispanic/Latino  ☐ Asian  ☐ Native American  ☐ Asian American  ☐ Native Hawaiian/Pacific Islander  ☐ Other (please specify)  

Gender:  ☐ Male  ☐ Female

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Registration Rates
(Includes full individual access to the 2019 ACR-NCI-EORTC Molecular Targets and Cancer Therapeutics Webcast)

<table>
<thead>
<tr>
<th>Category</th>
<th>Advance After September 13</th>
<th>Regular/Onsite After September 13</th>
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<tbody>
<tr>
<td>ACR and EORTC Members</td>
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<tr>
<td>Active/Affiliate (Nonprofit)</td>
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<td>Patient Advocate</td>
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TOTAL ENCLOSED OR CHARGED US$

Nonmember individuals interested in joining AACR and registering at the advance registration rate must submit applications no later than September 6, 2019. Only individuals who are listed on the membership rolls as of October 11, 2019, will be accorded the privilege of registering for the conference at the member rates noted on the registration form. If, upon review of the membership application, a candidate is deemed ineligible for the membership category to which he or she has applied, then the candidate will need to register at the nonmember rate. Membership information and the application form can be downloaded from the AACR website at www.AACR.org/Membership. Contact the AACR Membership Department at 215-440-9300 or membership@aacr.org with any questions.

Refund Policy: Requests for refunds must be made in writing. There will be a $125 processing fee for cancellations until September 20, 2019. After September 20, no refunds can be given.

Financial Support for Attendance: The AACR is pleased to provide financial assistance to eligible investigators for participation in this conference, subject to availability of funding. Additional information including award application instructions are available on the Financial Support for Attendance webpage for this conference.

Method of Payment
- Check or money order enclosed, payable to American Association for Cancer Research, drawn on a U.S. bank.
- VISA
- MasterCard
- American Express

Card# __________________________ CSC/CVV# __________________________ Expiration Date __________________________

Print Name of Cardholder __________________________
Signature of Cardholder __________________________

Registration fees are payable in U.S. dollars only. Personal checks are acceptable if payable through a U.S. bank.

Return to:
2019 Molecular Targets
Compusystems
2651 Warrenville Road
Suite 400
Downers Grove, IL 60515
708-344-4444 Fax

For nonmember advocate registration information, email advocacy@aacr.org.

*Nonmember pre-/postdoctoral students must have their registrar, dean, or department head certify that they are enrolled at the university and working toward a degree or fellowship in a field related to cancer research.